



ORCA FUNDING CANCELLATION FORM

Employee Info:

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____ LOW ORG: _____

ORCA CARD NUMBER: _____

Funding for transit should not occur for _____ (month/year)

Reason for Funding Cancellation Request:

☐ Employee on Leave/Suspended

☐ Employee left City Employment

If left City employment:

☐ ORCA card retrieved from employee

☐ ORCA card returned to Treasury Cashiers

Cancellation requested by:

Name: _____

Title: _____

Date: _____

For Treasury use Only:

EV3: Product Code: _____

EFF DATE/DED END DATE USED: _____ PROCESSED BY: _____ DATE: _____

REFUND REQUIRED: ☐ DED CODE: _____ DATE REFUNDED: _____

SUBSIDY BILLING ADJUSTMENT NEEDED: ☐